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042104

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	MDS-034DV
	First Named Inventor	Schomacker
	Title	Optimal Windows for Obtaining Optical Data for Characterization of Tissue Samples

APPLICATION ELEMENTS	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form	ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Small Entity Status <input type="checkbox"/> Applicant claims small entity status <input checked="" type="checkbox"/> Status established in prior application and is still proper and desired	
3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 63] - Written Description - (37 pages) - Claims - (8 pages) - Abstract - (1 page) - Sheets of Drawings - (17 sheets) <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal	
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 4] a. <input type="checkbox"/> Newly executed (original) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]	
5. <input checked="" type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
6. <input checked="" type="checkbox"/> Application Data Sheet	9. <input type="checkbox"/> English Translation Document (if applicable)
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> CD (2 copies) (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
17. <input type="checkbox"/> If a CONTINUING APPLICATION: Amend the specification by inserting on page 1, before the first line, the sentence: --This is a <input type="checkbox"/> continuation <input checked="" type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part of prior application Serial No. 10/295,794, filed on November 15, 2002, the entire disclosure of which is incorporated by reference herein.-- Priority to the above application(s) is claimed under 35 U.S.C. 120. Prior application information: Examiner: S.P. Siefke. Group/Art Unit: 1743.	11. <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets]
18. <input type="checkbox"/> Priority - 35 U.S.C. 119 <input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. ____/____ on _____. <input type="checkbox"/> The certified copy will follow.	12. <input checked="" type="checkbox"/> Return Receipt Postcard (specifically itemized)
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 Customer No. 021323	SIGNATURE BLOCK Respectfully submitted, William R. Haulbrook, Ph.D. Attorney for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110

3043622_1

FEE TRANSMITTAL

FY 2004

Complete if Known

Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Schomacker
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	MDS-034DV

METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid
770	Utility filing fee	770.00
340	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	21	- 20 = 1	x \$ 18.00 =	18.00
Independent Claims	1	- 3 = 0	x \$ 86.00 =	0.00

☐ Multiple Dependent Claim(s), if any \$290.00 =

TOTAL: 788.00

SMALL ENTITY DISCOUNT: 394.00

SUBTOTAL (1) (\$) 394.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 86.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =	

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
420	210	Extension for reply within second month	
950	475	Extension for reply within third month	
1480	740	Extension for reply within fourth month	
2010	1005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
770	385	Filing a submission after final rejection (37 CFR 1.129(a))	
770	385	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$) 0.00

SUBTOTAL (1) \$394.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 0.00

TOTAL (\$) 394.00

CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,

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